



NOAA 56-57
(6-03)

NOAA DIVING PROGRAM - MEDICAL EVALUATION CHECKLIST

Initial / Recertification / Periodic

Last Name, First, MI of Applicant

Age

Exam Date

Purpose: (circle one)

Line Office

Dive Unit

Location

Work Phone/Fax

NOTE: COMMISSIONED OFFICERS AND WAGE MARINE EMPLOYEES MUST use forms SF-88 & SF-93 and MUST follow NMAO medical exam guidelines IN ADDITION TO NDC guidelines. Contact NMAO Health Services about required testing for initial and periodic physicals.

A copy of all physical examination reports will be submitted to the Unit Diving Supervisor (UDS), who will forward a copy to the NOAA Diving Center (NDC). Physicals and required analyses must be submitted within 12 months of exam/analysis date.

Physical examinations should be reported on the following:

1. Report of Medical History (form SF-93, Rev. 6-96), or NOAA Diving Medical History Report (NOAA form 56-58, (6-03)).
2. Report of Medical Examination (form SF-88, Rev. 10-94), or NOAA Diving Medical Evaluation Report (NOAA form 56-60, (6-03)) - completed per NOAA Diving Medical Evaluation Criteria.

All examinations must be completed (attach results) as listed below. Place a checkmark (✓) on the line next to the test indicating its completion. Reference NOAA Diving Regulations NAO 209-123 Section 7.

INITIAL EXAMINATION - All Ages

- ___ **Medical History** (Form SF-93 or NOAA 56-58 signed by Primary Healthcare Provider* and Diver)
- ___ **Complete Physical Exam** (Emphasis on neurological and otological components. Form SF-88 or NOAA 56-60 signed by Primary Healthcare Provider*)
- ___ **Chest X-ray** (Attach interpretation of 14 x 17, PA and lateral)
- ___ **Spirometry** (Attach results and interpretation of spirometry testing)
- ___ **Hematocrit or Hemoglobin** (Attach results of test performed)
- ___ **Urinalysis** (Attach results - ketones, protein, sugar)
- ___ **Vision** (Distant and near vision)
- ___ **Body Composition** (Ht/Wt, circumference of neck, hips (women), waist (women), and abdomen (men). Body fat estimate determined by NDC)
- ___ **Other testing deemed necessary by the Primary Healthcare Provider***

PERIODIC RE-EXAMINATION - All Ages

- ___ **Medical History** (Form SF-93 or NOAA 56-58 signed by Primary Healthcare Provider* and Diver)
- ___ **Complete Physical Exam** (Emphasis on neurological and otological components. Form SF-88 or NOAA 56-60 signed by Primary Healthcare Provider*)
- ___ **Hematocrit or Hemoglobin** (Attach results of test performed)
- ___ **Urinalysis** (Attach results - ketones, protein, sugar)
- ___ **Vision** (Distant and near vision)
- ___ **Body Composition** (Ht/Wt, circumference of neck, hips (women), waist (women), and abdomen (men). Body fat estimate determined by NDC)
- ___ **Other testing deemed necessary by the Primary Healthcare Provider***

Exam Schedule:

thru age 49 every 5 years
50 - 59 every 2 years
60 & older annually

Age 40 and Older - Include With The Above Examinations:

- ___ **12-Lead Resting EKG** (Attach trace and interpretation)
- ___ **Glucose Screening** (Attach results)
- ___ **Lipid Screening** (Total cholesterol, HDL, LDL, VLDL, triglycerides, attach results)

* Acceptable Primary Healthcare Providers include a Medical Doctor, Physician's Assistant, Nurse Practitioner, and Osteopath.

I have reviewed the attached physical examination report and consider it to be complete. There are no obvious omissions nor inconsistencies with the NOAA Diving Medical Evaluation criteria.

Signature of UDS & Date

Approval by NDC & Date